

6,835,975 #COPY

PTO/SB/21 (03-03)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/041,896
Filing Date	January 7, 2002
First Named Inventor	Kraus et al.
Art Unit	2813
Examiner Name	Jennifer M. Dolan
Attorney Docket Number	MI22-1859

Total Number of Pages in This Submission

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Receipt Postcard; Certificate of Correction (2);
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Additional Enclosures: Request for Certificate of Correction; A \$100.00 Check.	

Patent No. 6,835,975 B2 Issued: December 28, 2004

Certificate  
AUG 31 2005  
of Correction

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Mark S. Matkin, Reg. No. 32,268 Wells St. John, P.S.
Signature	
Date	8/22/05

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

8-22-05

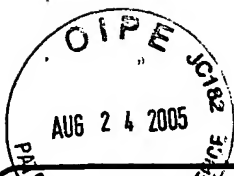
Typed or printed	Natalie King
Signature	
Date	8/22/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>		
		Application Number	10/041,896	
		Filing Date	January 7, 2002	
		First Named Inventor	Brenda D. Kraus et al.	
		Examiner Name	Jennifer Dolan	
TOTAL AMOUNT OF PAYMENT (\$)		100.00	Art Unit	2813
			Attorney Docket No.	MI22-1859

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = 0

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = 0

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**  
**Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_      0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = 0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Certificate of Correction

**Fees Paid (\$)**  
0  
100.00

**SUBMITTED BY**

Signature	Registration No. 32,268 (Attorney/Agent)	Telephone (509) 624-4276
Name (Print/Type) Mark S. Matkin		Date 8/22/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

AUG 31 2005



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100.00

### Complete if Known

Application Number	10/041,896
Filing Date	January 7, 2002
First Named Inventor	Brenda D. Kraus et al.
Examiner Name	Jennifer Dolan
Art Unit	2813
Attorney Docket No.	MI22-1859

### METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = <u>0</u>		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = <u>0</u>		
HP = highest number of independent claims paid for, if greater than 3.		

#### 3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = <u>0</u>				

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
	0
Other (e.g., late filing surcharge): <u>Request for Certificate of Correction</u>	100.00

#### SUBMITTED BY

Signature	Registration No. (Attorney/Agent) 32,268	Telephone (509) 624-4276
Name (Print Type) Mark S. Matkin		Date 8/22/05

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No..... 6,835,975 B2  
Patent Issue Date.....December 28, 2004  
Application Serial No..... 10/041,896  
Filing Date .....January 7, 2002  
Assignee .....Micron Technology, Inc.  
Inventorship .....Brenda D. Kraus et al.  
Attorney's Docket No..... MI22-1859  
Title: DRAM Circuitry Having Storage Capacitors Which Include Capacitor  
Dielectric Regions Comprising Aluminum Nitride

**REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT FOR  
APPLICANT MISTAKE and PTO MISTAKES (37 C.F.R. §§ 1.322(a) and 1.323)**

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
ATTN: Decision and Certificate of Correction  
Branch of the Patent Issue Division  
  
From: Mark S. Matkin (Tel. 509-624-4276; Fax 509-838-3424)  
Wells St. John P.S.  
601 W. First Avenue, Suite 1300  
Spokane, WA 99201-3828

Sir:

It is hereby requested that a Certificate of Correction be issued with respect to Patent No. 6,835,975 B2, granted December 28, 2004, in accordance with the Certificate of Correction form attached hereto in duplicate.

It is noted that an error appears in this patent of a typographical nature of character, as more fully described below. The error occurred in good faith. Correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination.

08/25/2005 MBIZUNES 00000003 6835975

01 FC:1811

100.00 OP

AUG 31 2005

Other errors listed on the Certificate of Correction form were apparently incurred through the fault of the PTO as will be disclosed by the records of files in the Office.

Attached hereto, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.

The exact page and line number where the error occurs in the application file are:

Page 8, line 4.

Enclosed is a check in the amount of \$100.00, as required by 37 CFR 1.20(a).

Respectfully submitted,

Dated: 8-22-05

By: 

Mark S. Matkin  
Reg. No. 32,268

UNITED STATES PATENT AND TRADEMARK OFFICE  
**CERTIFICATE OF CORRECTION**

PATENT NO. : 6,835,975 B2  
DATED : December 28, 2004  
INVENTOR(S) : Kraus et al.

It is certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Title Page, **References Cited**, OTHER PUBLICATIONS, please delete "Cheisrty" after "Surface" and insert --Chemistry--.

Col. 4 line 25, please delete "is" after "is".

Col. 4, line 40, please delete "or" after "temperature" and insert --of--.

Col. 5, line 29, claim 3, please delete "Angatroms" and insert --Angstroms--.

Page  
1 of 1

**Mailing Address of Sender:**  
Mark S. Matkin  
Wells St. John P.S.  
601 West First Avenue, Suite 1300  
Spokane, WA 99201-3828

Patent No. 6,835,725 B2

AUG 31 2005

UNITED STATES PATENT AND TRADEMARK OFFICE  
**CERTIFICATE OF CORRECTION**

PATENT NO. : 6,835,975 B2  
DATED : December 28, 2004  
INVENTOR(S) : Kraus et al.

It is certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Title Page, **References Cited**, OTHER PUBLICATIONS, please delete "Cheisrty" after "Surface" and insert --Chemistry--.

Col. 4 line 25, please delete "is" after "is".

Col. 4, line 40, please delete "or" after "temperature" and insert --of--.

Col. 5, line 29, claim 3, please delete "Angatroms" and insert --Angstroms--.

Page  
1 of 1

**Mailing Address of Sender:**  
Mark S. Matkin  
Wells St. John P.S.  
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Spokane, WA 99201-3828

Patent No. 6,835,725 B2

AUG 31 2004